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GNVPN.019BUSA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of	) Group Art Unit: 1632
James M. Wilson et al	)
Appln No. 09/242,977	) Examiner: J. Martin
Filed: February 26, 1999	)
For: METHOD FOR RECOMBINANT	)
ADENO-ASSOCIATED VIRUS	)
DIRECTED GENE THERAPY	) January 24, 2000

Assistant Commissioner for Patents  
Washington, DC 20231

**SECOND PRELIMINARY AMENDMENT**

Sir:

Kindly amend the application as follows.

In the Claims

Cancel claims 2-6 and 8-15.

Kindly add new claims 16-22 as follows.

16. A recombinant adeno-associated virus (AAV) comprising (a) 5' AAV inverted terminal repeats (ITRs), (b) a minigene comprising sequences encoding human apolipoprotein E (ApoE) under the control of sequences which direct its expression in a host cell, and (c) 3' AAV ITRs.

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<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. GNVPN.019BUSA
Serial No.: 09/242,977	Filing Date: 2/26/99	Examiner: J. Martin	Group Art Unit: 1632
Inventor(s): James M. Wilson et al			
Title: METHOD FOR RECOMBINANT ADENO-ASSOCIATED VIRUS DIRECTED GENE THERAPY			

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

	(1)		(2)		(3)
	Claims Remain After Amend.		Highest Previously Paid for		Present Extras
Total	8		** 20		0
Ind.	2	-	*** 3		0
First Presentation of Multi. Dep. Claim					

Small Entity	
Rate	Addtl. Fee
x 9=	\$
x 39=	\$
+ 130=	\$
Total	\$

Large Entity	
Rate	Addtl. Fee
x 18=	\$ 0
x 78=	\$ 0
+260=	\$ 0
Total	\$ 0

- \* If the entry in Col. 1 is less than the entry in Col. 2 write "0" in Col. 3
- \*\* If the "Highest No. Previously Paid For" in this space is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" in this space is less than 3, enter 3

- ☐ Please charge my Deposit Account No. 08-3040 in the amount of \$
- ☐ A Check in the amount of \$\_\_\_\_\_ to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-3040. A duplicate copy of this sheet is enclosed.

- ☒ Any additional filing fee required under 37 CFR 1.16
- ☒ Any patent application processing fees under 37 CFR 1.17.

Date January 21, 2000

Signature Cathy A. Kodroff  
Cathy A. Kodroff, Reg. No. 93,980

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